

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH30435
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. French Hospital Registered No. 10422
 (e) Length of residence in city or town where death occurred yrs. mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHN MARTIN -- WELCH
 (a) Residence, No. 51 ROSEMONT St. WEBSTER GROVES
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 27 - 1919

7. AGE YEARS 18 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT SCHOOL
 9. Industry or business in which work was done, as saw mill, bank, etc. —
 10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MISSOURI

13. NAME PHILIP S. MARTIN

14. BIRTHPLACE (CITY OR TOWN) LINCOLN (STATE OR COUNTRY) ILLINOIS

15. MAIDEN NAME PATRICIA R. MCALLISTER

16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MISSOURI

17. INFORMANT John Welch (ADDRESS) 51 Rosemont

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Nov 10 1937

19. FUNERAL DIRECTOR Parker and Co (ADDRESS) Webster Groves, Mo

20. FILED NOV 9 1937 J. H. Bredebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1937 to Nov. 8 1937

I last saw him alive on Nov. 8 1937 Death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:

Staphylococcus albus
Sepsis Date of onset 10/31/37

Other contributory causes of importance: 36

Name of operation None Date of —
 What test confirmed diagnosis? Ward's test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? — (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Hervey H. Luecke M. D.
 (Address) 603 Metropolitan Bldg

STATEMENT BY LICENSED EMBALMER

I, C. E. Aldrich, Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. 1332

working under my personal supervision.

Signed C. E. Aldrich

Licensed Embalmer No. 1332

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. Jewish Hospital) St. Ward)

2. FULL NAME

(a) Residence, No. 51 Rosemont St. Webster Groves
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE 18	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		DAYS
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		If LESS than 1 day, hrs. or min.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19		
19. UNDERTAKER (ADDRESS)		
20. FILED 1-14 1938 J. F. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8, 1937
22. I HEREBY CERTIFY, That I attended deceased from, to 19..... I last saw h..... alive on 19..... Death is said to have occurred on the stated above, at m. The principal cause of death and related causes of importance were as follows: Septicemia generalized nontraumatic Other contributory causes of importance: 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Herman H. Hein, M. D. (Address) 603 Metropolitan Bldg

FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI

FROM : SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]